

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-02
408

FILED

02 MAR 18 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18085

1. Corporation Name
EKSA, Inc.

700005134377--3
-03/19/02--01049--009
***300.00 ***300.00

2. Principal Office Address 4350 NW 19th Avenue Suite, Apt. #, etc. Suite D City & State Pompano Beach FL Zip 33064 Country USA		3. Mailing Office Address 4350 NW 19th Avenue Suite, Apt. #, etc. Suite D City & State Pompano Beach FL Zip 33064 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 3.3.92	
5. FEI Number 650318511	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Alexander Zeiger	
Street Address (P.O. Box Number is Not Acceptable) 4350 NW 19th Avenue	
Suite, Apt. #, etc. Suite D	
City Pompano Beach	State FL Zip Code 33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Alexander Zeiger Date 3-12-02
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Alexander Zeiger	9911 N. Oak Knoll Circle	Ft. Lauderdale FL 33324
VSD	Adriana Zeiger	9911 N. Oak Knoll Circle	Ft. Lauderdale FL 33324

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE Alexander Zeiger Date 3-12-02 (954) 972-9550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE081 (9/01)

BB